

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="radio"/> <input type="radio"/> NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 2 2
1. REQUEST NO.	2. DATE ISSUED 6-Mar-2015	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY US Embassy Guatemala/NAS			6. DELIVER BY (Date) 2-3 weeks upon award	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input type="radio"/> FOB DESTINATION <input checked="" type="radio"/> OTHER (See Schedule)	
NAME Ingrid Galvez - GalvezI@state.gov		TELEPHONE NUMBER AREA CODE NUMBER 2311-7013		9. DESTINATIONS
8. TO:			a. NAME OF CONSIGNEE US Embassy Guatemala/NAS	
a. NAME	b. COMPANY		b. STREET ADDRESS 1a. Av. 7-59, Zona 10	
c. STREET ADDRESS			c. CITY Guatemala City, Guatemala	
d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 23-Mar-2015		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
5	Black secretary chairs with a 5 wheel base	61			
6	Visitor's chairs with steel structure and PVC backrest	40			
7	Delivery charges	1			
TOTAL					
<p>NOTE: SEE ATTACHED SPECIFICATION / VER ESPECIFICACIONES ADJUNTAS</p> <p>DELIVERY LOCATION: Alta Verapaz</p> <p>TERMS AND CONDITIONS:</p> <ul style="list-style-type: none"> * Price should be in Quetzales * Price should include IVA * U.S. Embassy will provide IVA Exemption form * Method of payment: Credit Card, after service(s) or goods have been received. 					
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="radio"/> are <input type="radio"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER					
b. STREET ADDRESS			16. SIGNER		
			a. NAME (Type or print)		b. TELEPHONE
c. COUNTY					AREA CODE

d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type of print)	NUMBER